

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/075,233
Application Date:: 02/15/02
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: SYSTEM, METHOD, AND COMPUTER
PROGRAM PRODUCT FOR AN END-
USER OF AN OPEN ACCESS
NETWORK TO SELECT A NEW
SERVICE PROVIDER FOLLOWING A
DISCONTINUANCE OF A BUSINESS
RELATIONSHIP BETWEEN THEIR
CURRENT SERVICE PROVIDER AND
THE OPERATOR OF THE OPEN
ACCESS NETWORK

Attorney Docket Number:: 205996US-8
Total Drawing Sheets:: 11
Small Entity?:: YES

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: TERRANCE
Family Name:: CHATFIELD
City of Residence:: ASHBURN
State or Province of Residence:: VIRGINIA
Country of Residence:: U.S.A.
Street of Mailing Address:: 44038 CHELTENHAM CIRCLE
City of Mailing Address:: ASHBURN
State or Province of Mailing Address:: VIRGINIA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20147

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: RONALD
Middle Name:: K.
Family Name:: DOBES
City of Residence:: POTOMAC FALLS
State or Province of Residence:: VIRGINIA
Country of Residence:: U.S.A.
Street of Mailing Address:: 11329 STONEHOUSE PLACE
City of Mailing Address:: POTOMAC FALLS
State or Province of Mailing Address:: VIRGINIA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20165

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A
Status:: FULL CAPACITY
Given Name:: Eugene
Middle Name:: L.
Family Name:: LEW
City of Residence:: Olney
State or Province of Residence:: Maryland
Country of Residence:: U.S.A
Street of Mailing Address:: 3700 Martins Dairy Circle
State or Province of Mailing Address:: Olney
Country of Mailing Address:: U.S.A
Postal or Zip Code of Mailing Address:: 20832-2454

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: Michael
Family Name:: HANDLER
City of Residence:: Washington
State or Province of Residence:: D.C.
Country of Residence:: U.S.A.
Street of Mailing Address:: 1635 4th Street, N.W.
City of Mailing Address:: Washington
State or Province of Mailing Address:: D.C.
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20001-1907

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: GEMINI NETWORKS, INC.
Street of Mailing Address:: 7600 LEESBURG PIKE
SUITE 202
City of Mailing Address:: FALLS CHURCH
State or Province of Mailing Address:: VA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 22043